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## EDITORIAL COMMENTS



It is exciting to see new treatment options in the male incontinence space. Our solutions at present are imperfect, often leaving men with continued leakage or the need for future surgery.<sup>1</sup> The authors describe their multi-institutional experience using the ATOMS for male stress incontinence. Similar to men we see in clinic, the cohort had high rates of radiation, bladder neck contracture and previous incontinence surgery.

While followup is short (median 9 months), complication rates were acceptable (22.3% overall and 4.4% for Clavien III). Satisfaction was measured with a global, binary question in the physician office and, while relatively high overall, it likely missed some aspects of the patient experience. As with everything in reconstructive urology, irradiated patients did worse. They were less dry and had lower satisfaction scores.

With an acceptable complication rate, the idea that a sling outcome can be improved by adding fluid in the office is attractive. The technical demands of ATOMS placement will be familiar to

those who already place slings or do male urethral surgery. It remains unknown how durable the results will be or if cuff erosion, not seen in the short term, will develop with longer followup.

There will hopefully be a day in our lifetimes where our incontinence treatments are not needed. Maybe the therapies that lead to leakage are refined or no longer used. The holy grail of incontinence management would be devoid of implanting a foreign body or requiring the patient to squeeze a pump. Perhaps the voluntary rhabdosphincter is regenerated with energy, stem cells or tissue grown in the laboratory. Until then, as the authors have done, we must try to develop and test new technologies to help men with incontinence.

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The third generation ATOMS device used in this trial has a silicon, fully precovered scrotal port system.<sup>1</sup> Post-procedure overall continence was 80% (0 or 1 pad per day) and 70% of patients needed pressure adjustment of the saline through the scrotal port a mean of 2.4 times. This is the advantage and the differentiating factor of the ATOMS device, although most complications were also related to this feature. Seven of the 160 patients had Clavien 3 complications requiring intervention, which were related to the injection port.

It is important to identify the subset of patient who will derive maximum benefit from the ATOMS device. In general, the nonadjustable male slings do not work well for moderate to

severe incontinence but remain an alternative for mild stress leakage. The artificial urinary sphincter remains the gold standard. Tested for several generations and more than 30 years, it is offers reliable results for all grades of incontinence. The long-term results of the latest ATOMS device are still awaited. The European multi-center trial of ATOMS evaluated 287 men with a median followup of 31 months fully. It included all 3 generations and the current silicon covered scrotal port system had a median followup of only 6 months. There was an overall explantation rate of 20%, the most common cause being titanium intolerance. The current study had only a single case of explantation following infection. It is